

COVER PAGE

A Public Document

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Mounce	JoAnne	L	(209) 333-2814
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
437 E ELM	Lodi	95240	OPTIONAL: FAX / E-MAIL ADDRESS
			mounce@lodi.gov

1. Office, Agency or Court

Name:

City of Lodi

Division, Board, District, if applicable:

Position:

City Council member

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Redevelopment Agency

Position: member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ County of _____

☒ City of Lodi

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial

Date: 12 / 01 / 04

☐ Annual: The period covered is January 1, 2002, through December 31, 2002.

-or-

☐ The period covered is ____/____/____, through December 31, 2002.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2002, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

➔ During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes - schedule attached
Income - Loans

Schedule E ☐ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

-or-

➔ ☐ No reportable interests on any schedule

Total number of pages completed including this cover page: 3

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

12. 27. 04

(month, day, year)

Signature

JoAnne L Mounce
(File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Mounce, J. L.

> 1. BUSINESS ENTITY OR TRUST

JoAnner's Bookkeeping

Name

437 E. Elm - Lodi

Address

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Professional Service

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / 02 / 02
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION OWNER

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME/LOANS OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☒ INVESTMENT ☐ REAL PROPERTY

Hilton

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / 02 / 02
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☒ Stock ☐ Partnership

☐ Leasehold
Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

> 1. BUSINESS ENTITY OR TRUST

Name

Address

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / 02 / 02
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

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Check one box:

☒ INVESTMENT ☐ REAL PROPERTY

Franklin

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

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IF APPLICABLE, LIST DATE:

 / 02 / 02
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☒ Stock ☐ Partnership

☐ Leasehold
Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE C
Income & Business Positions
(Income Other than Loans, Gifts, and
Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

> NAME OF SOURCE

AL Kramp Specialties

ADDRESS

PO Box 8867 Stockton 95208

BUSINESS ACTIVITY, IF ANY, OF SOURCE

manufacturer

YOUR BUSINESS POSITION

Controller

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's income ☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

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☐ Other _____
(Describe)

Comments: _____